

**IDAHO COMMERCIAL DRIVING SCHOOL
DRIVER EDUCATION VEHICLE CHECK FORM
Checklist**

Check		ITEMS ARE IN GOOD WORKING ORDER	Vehicle Code (§) or IDAPA	Inspector Comments
YES	NO			
		License plate - front and rear	§49-428	
		Brakes - front and rear (requires testing at 20mph) Dual control brakes when tested at 20 mph, vehicle shall stop within the guidelines in Idaho Code 49-933(7)	§49-933 08.02.02.240.01	
		Windshield wipers and blades, washer unit	§49-943	
		Right and left rear view mirrors	§49-940 08.02.02.240.01	
		Horn	§49-956	
		Seatbelts for all occupants	08.02.02.240.01	
		Windshield has clear view	§49-943	
		Tires at 2/32 (1.6mm) tread in any 2 adjacent grooves at 3 locations are rejected	§49-948	
		Tail lights, brake lights, back-up lights	§49-906	
		Turn signals, hazard warning light	§49-908,919	
		Headlights - high and low beam	§49-905	
		Free of noticeable exhaust system leaks, Tail pipes, supporting hardware	§49-937	
		Free of visible oil leaks		
		Body - free from structural damage and major body damage		
		Speedometer, instrument panel		
		Heater/defroster		
		Door locks on all doors		
		Equipped with inside rearview mirror for the exclusive use by the instructor	08.02.02.240.01	



IDAHO

Commercial Driving School

DRIVER EDUCATION

VEHICLE CHECK

Every driver education vehicle shall be inspected annually to determine compliance with Idaho Code requirements for motor vehicles and the Idaho State Board of Education Rules (IDAPA). No school shall use any vehicle in a driver education program unless that vehicle is in proper operating condition (IDAPA 08.02.02.240.01).

INSPECTION CHECK LIST IS ON THE REVERSE SIDE

SCHOOL NAME _____

Vehicle Make _____ **Vehicle Model** _____ **Vehicle Year** _____

License Number _____ **Odometer Reading** _____

SIGNS

The signs to the rear and sides have “Driver Education,” “Student Driver” or “Driver’s Training” with not less than two (2) inch high lettering.

_____ **Yes** _____ **No**

The signs and lettering are of contrasting colors so as to be clearly readable at one hundred (100) feet in clear daylight.

_____ **Yes** _____ **No**

ASE MECHANIC VERIFICATION*

I VERIFY I HAVE INSPECTED THIS VEHICLE AND COMPLETED THIS FORM

Please Print Name _____

Title _____ **ASE ID Number** _____

Signature _____

Signature

Date

***Vehicles must be inspected by a certified ASE Mechanic**

Keep a copy of this inspection form in the vehicle’s glove box.